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|--|------------------------|------------------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> | Application Number     | 10/519,011-Conf. #7235 |
|  | Filing Date            | August 5, 2005         |
|  | First Named Inventor   | Andreas Boehm          |
|  | Art Unit               | 3771                   |
|  | Examiner Name          | A. F. Dixon            |
|  | Attorney Docket Number | P0777.70000US00        |
| Total Number of Pages in This Submission   |                        |                        |

**ENCLOSURES (Check all that apply)**

|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input checked="" type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input type="checkbox"/> Other Enclosure(s) (please Identify below): |
| Remarks   |   |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                                |          |        |
|--------------|--------------------------------|----------|--------|
| Firm Name    | WOLF, GREENFIELD & SACKS, P.C. |          |        |
| Signature    | <i>William R. McClellan</i>    |          |        |
| Printed name | William R. McClellan           |          |        |
| Date         | June 23, 2008                  | Reg. No. | 29,409 |

**Certificate of Electronic Filing Under 37 CFR 1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: June 23, 2008

Signature: *Doris A. Champagne* (Doris A. Champagne)

|   |  |  |  |
|---|--|--|--|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4819).</b> |  | <b>Complete if Known</b>                     |  |
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2008</h2>                               |  | Application Number<br>10/519,011-Conf. #7235 | Filing Date<br>August 5, 2005          |
|   |  | First Named Inventor<br>Andreas Boehm        | Examiner Name<br>A. F. Dixon           |
|   |  | Art Unit<br>3771                             | Attorney Docket No.<br>P0777.70000US00 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                    | TOTAL AMOUNT OF PAYMENT (\$)<br>180.00 |  |  |

|  |   |
|--|---|
| <b>METHOD OF PAYMENT (check all that apply)</b>  |   |
| <input type="checkbox"/> Check   | <input checked="" type="checkbox"/> Credit Card                                   |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____  |   |
| <input type="checkbox"/> Deposit Account   | Deposit Account Number: 23/2825   |
| Deposit Account Name: Wolf, Greenfield & Sacks, P.C.   |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |
| <input type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

| FEE CALCULATION                               |                       |                       |                       |                       |                       |                       |                |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES |                       |                       |                       |                       |                       |                       |                |
| Application Type                              | FILING FEES           |                       | SEARCH FEES           |                       | EXAMINATION FEES      |                       | Fees Paid (\$) |
|   | Small Entity Fee (\$) | Small Entity Fee (\$) | Small Entity Fee (\$) | Small Entity Fee (\$) | Small Entity Fee (\$) | Small Entity Fee (\$) |                |
| Utility                                       | 310                   | 155                   | 510                   | 255                   | 210                   | 105                   |                |
| Design  | 210                   | 105                   | 100                   | 50                    | 130                   | 65                    |                |
| Plant   | 210                   | 105                   | 310                   | 155                   | 160                   | 80                    |                |
| Reissue                                       | 310                   | 155                   | 510                   | 255                   | 620                   | 310                   |                |
| Provisional                                   | 210                   | 105                   | 0                     | 0                     | 0                     | 0                     |                |

| 2. EXCESS CLAIM FEES                               |          | Small Entity |          |
|--|----------|--------------|----------|
| Fee Description                                    | Fee (\$) | Fee (\$)     | Fee (\$) |
| Each claim over 20 (including Reissues)            |          | 50           | 25       |
| Each independent claim over 3 (including Reissues) |          | 210          | 105      |
| Multiple dependent claims                          |          | 370          | 185      |

|   |                              |  |                        |
|---|------------------------------|--|------------------------|
| <b>3. APPLICATION SIZE FEE</b><br>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                              |  |                        |
| Total Sheets<br>- 100 = _____   | Extra Sheets<br>/ 50 = _____ | Number of each additional 50 or fraction thereof<br>(round up to a whole number) x _____ = _____ | Fee Paid (\$)<br>_____ |

|   |                            |                           |   |
|---|----------------------------|---------------------------|---|
| <b>4. OTHER FEE(S)</b><br>Non-English Specification, \$130 fee (no small entity discount)<br>Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00 |                            |                           |   |
| <b>SUBMITTED BY</b>   |                            |                           |   |
| Signature<br><i>William R. McClellan</i>  | Registration No.<br>29,409 | Telephone<br>617.646.8000 | Name (Print/Type)<br>William R. McClellan |
|   |                            | Date<br>June 23, 2008     |   |

|  |   |
|--|---|
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| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). |   |
| Dated: June 23, 2008   | Signature: <i>Doris A. Champagne</i> (Doris A. Champagne) |